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Exam 3: NUR242/ NUR 242 (New 2023/ 2024) Medical-Surgical Nursing Exam | Questions and Verified Answers with Rationales| 100% Correct| Grade A- Galen

QUESTION

Which diagnostic results support the diagnosis of peptic ulcer disease? (Select all that apply.)
A. Low hemoglobin
B. Low WBC level
C. Low hematocrit
D. Positive for H. Pylori bacteria
E. Low potassium of 3.4 mEq/L.:

Answer:
A, C, D
Low HCT and Hgb often occur related to bleeding. The presence of infection with H. pylori is the second most common factor associated with the development of PUD. The patient would have a high, not low, WBC count. The potassium level is not a diagnostic factor for PUD.

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QUESTION

An EGD confirms that the patient has PUD. Three hours later, the patient is admitted to the medical unit for workup and further testing. On admission the patient reports midline epigastric tenderness and indigestion (dyspepsia). The patient is prescribed triple therapy.
Which drugs will the nurse expect to be prescribed for the patient at this time? A. Proton pump inhibitor and two antibiotics
B. Histamine antagonist, antacid, and proton pump inhibitor
C. Antibiotic and two proton pump inhibitors
D. Antacid, proton pump inhibitor, and prostaglandin analogue:

Answer:
A
For H. pylori infections, a common drug regimen is triple therapy, which includes a

PPI, such as lansoprazole (Prevacid), and two antibiotics, such as metronidazole

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(Flagyl) and clarithromycin (Biaxin).

QUESTION

As the patient prepares for discharge, the nurse provides education about behaviors that reduce symptoms and aggravate peptic ulcers.
Which teaching does the nurse provide? (Select all that apply.) A. Sit upright 30 to 60 minutes after meals.
B. Spices should be added to food to enhance flavor. C. A vagotomy will be needed in the future.
D. Extreme vomiting should be reported to your physician. E. H. pylori can be a concern in patients with peptic ulcers.
F. The goal of initial intervention is to control symptoms and prevent further complications.:

Answer:
A, D, E, F
Patients should avoid spicy foods because they irritate the ulcer and gastric tissue. A vagotomy is associated with GI bleeds.

QUESTION

A 64-year-old patient with a history of arthritis and hypertension is admit- ted with progressive epigastric cramping, dyspepsia, nausea, and dark sticky stools for 2 days. Which order should the nurse question?
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A. IV fluids, normal saline at 125 ml/hr
B. Guaiac stool sample ´ 2
C. Naproxen (Naprosyn) 500 mg twice daily
D. Stool sample for bacterial testing:

Answer:
C
Rationale: Long-term NSAID use creates a high risk for acute gastritis. Naproxen is an NSAID that may be used to treat arthritis. Other risk factors for acute gastritis include alcohol, caffeine, and corticosteroids. IV fluids may or may not be needed to replace any fluids or blood lost from the patient's gastritis. Stool guaiac is nonspecific but may be ordered to confirm blood in the stool, and a stool sample may be used to test for the presence of Helicobacter pylori infection. However, it is not as accurate as blood or breath tests.

QUESTION

What is the nursing priority in the management of a patient with an active upper GI bleed?

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A. Obtain vital signs.
B. Apply oxygen by nasal cannula.
C. Type and crossmatch the patient for blood products. D. Notify the physician.:

Answer:
A

Rationale: Vital signs are needed to evaluate the severity of the patient's bleed and hypovolemic status. Oxygen will assist with delivery of oxygen to the tissues and a type and crossmatch, although important, is not the immediate priority. Assessment data such as the patient's vital signs are needed before contacting the physician.

QUESTION

A patient has recently been placed on corticosteroids as treatment for ulcerative colitis. The nurse should monitor the patient's laboratory results for evidence of which condition?
A. Hypernatremia B. Hypercalcemia C. Hyperglycemia
D. Hyperkalemia:

Answer:
C
Rationale: Long-term adverse effects that commonly occur with steroid therapy include hyperglycemia, osteoporosis, peptic ulcer disease, and increased risk for infection

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QUESTION

The nurse is caring for a patient with a long history of osteoarthritis. Which risk factors will the nurse teach the patient that may contribute to development of gastroesophageal reflux disease (GERD)?
A. Weight of 130 lbs
B. Walks 20 minutes once daily
C. Frequently takes NSAIDs for pain
D. Consumes foods with calcium supplementation:

Answer:
C
Some drugs can cause GERD, such as oral contraceptives, anticholinergic agents, sedatives, nonsteroidal antiinflammatory drugs (NSAIDS) such as ibuprofen, ni- trates, and calcium channel blockers. The possibility of eliminating those drugs causing reflux should be explored with the health care provider. Maintaining a normal weight , performing daily exercise, and taking supplements with food are not risk factors for developing GERD

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